



RECONNAISSANCE INSPECTION

National Pollutant Discharge Elimination System Permitting Program
Delaware Department of Natural Resources and Environmental Control
Surface Water Discharges Section

| | | |
|--------------------------------------------------------------------------|-----------------------------------------|------------------------------------------|
| Name and location of Facility Inspected <u>Pinnacle Foods (VASIC)</u> | Entry Time/Date <u>10:20 2-17-09</u> | Facility Permit No. <u>DE 0000736</u> |
| Name of Facility Contact <u>Bob LYNCH</u> | Exit Time/Date <u>11:15 2-17-09</u> | |

SCREENING DEVICE

☒ Good ☐ Fair ☐ Poor ☐ Not in Service ☐ N/A ☐ Not Inspected

COMMUNUTING DEVICE

☐ Good ☐ Fair ☐ Poor ☐ Not in Service ☒ N/A ☐ Not Inspected

PRIMARY CLARIFIER

☐ Good ☐ Fair ☐ Poor ☐ Not in Service ☒ N/A ☐ Not Inspected

SKIMMER: ☐ Operating ☐ Not Operating ☒ N/A SCRAPER: ☐ Operating ☐ Not Operating ☒ N/A

AERATION TANK

☒ Good ☐ Fair ☐ Poor ☐ Not in Service ☐ N/A ☐ Not Inspected

AERATORS OPERATING PROPERLY: ☒ Yes ☐ No ☐ N/A

ODORS: ☐ None ☒ Faint ☐ Mild ☐ Strong ☐ Septic

SECONDARY CLARIFIER

☐ Good ☐ Fair ☒ Poor ☐ Not in Service ☐ N/A ☐ Not Inspected

SKIMMER: ☒ Operating ☐ Not Operating ☐ N/A SCRAPER: ☒ Operating ☐ Not Operating ☐ N/A

DAF UNIT

☐ Good ☐ Fair ☐ Poor ☐ Not in Service ☒ N/A ☐ Not Inspected

FILTRATION: Type DYNA-SAND

☒ Good ☐ Fair ☐ Poor ☐ Not in Service ☐ N/A ☐ Not Inspected

DISINFECTION PROCESS

☐ Chlorine Gas ☐ Hypochlorite ☒ UV ☐ Other ☐ N/A

SYSTEM OPERATION: ☒ Good ☐ Fair ☐ Poor ☐ Not in Service ☐ N/A ☐ Not Inspected

FLOW MEASUREMENT DEVICE ☒ Parshall Flume ☐ "V" Notch ☐ Venturi ☐ Other

CONDITION: ☒ Good ☐ Fair ☐ Poor ☐ Not in Service ☐ N/A ☐ Not Inspected

DATE OF LAST CALIBRATION: 2008

DIGESTOR OPERATION

☒ Good ☐ Fair ☐ Poor ☐ Not in Service ☐ N/A ☐ Not Inspected

SOLIDS HANDLING (describe observations and process type)

LAND APPLIED

OUTFALL OBSERVATIONS ☒ Wastewater ☐ Storm Water
☐ Good (Clear) ☒ Fair (Slightly Cloudy) ☐ Poor ☐ No Discharge

ODORS: ☒ None ☐ Faint ☐ Mild ☐ Strong ☐ Septic OUTFALLS IDENTIFIED: ☒ Yes ☐ No ☐

OVERALL APPEARANCE OF FACILITY

☐ Good ☒ Fair ☐ Poor

COMMENTS (describe problems observed, corrective actions required, necessary follow-up)

Lot of Solids floating on top of Clarifier, Skin-arm had been removed.

Inspector's Printed Name: Allen McCloskey

Inspector's Signature: Allen V. McCloskey Date: 2-17-09